



Department of Business Affairs and Consumer Protection
 Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608
 312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · WWW.CHICAGO.GOV/BACP

CHANGE OF EQUIPMENT FORM

PLEASE SUBMIT ORIGINAL DOCUMENTS OR, WHERE NOTED, LEGIBLE COPIES

Fax copies are not acceptable

License #: _____ **Type:** _____
 taxi, livery, medicar, ambulance, charter/sightseeing

Licensee Name (Co. Name): _____

Business Address: _____

City, State, Zip Code: _____

Telephone: _____

Vehicle must meet the requirements as outlined in the City of Chicago

Municipal codes 9-112 and 4-68

Replacement Vehicle Information: Year: _____ **Make:** _____ **Model:** _____

Vehicle Identification Number: _____

Current Odometer Reading: _____

Has there ever been any repair to the odometer? _____ (yes or no)

If YES, you MUST submit a certified odometer repair statement with receipt and submit an Odometer Affidavit.

Has the vehicle ever been titled as a "Not Actual Mileage" vehicle in any jurisdiction? _____ (yes / no)

METER Information: Make _____ **Serial #** _____

Safety Feature: Shield **Camera** **Exempt**

CAMERA Information: Make _____ **Serial #** _____

Vehicle Type: Minivan **MV-Wheelchair** **Regular Sedan** **Hybrid** **Long Wheelbase** **CNG** **Liquid Propane** **Bus** **Stretch** **Other:** _____

